



# City of Moultrie

Planning and Community Development Department  
 Office: (229) 668-7223 Fax: (229) 668-7650

## INSPECTION CHECKLIST

Date/Time: \_\_\_\_\_

Type of Inspection \_\_\_\_\_

Inspector: \_\_\_\_\_

Job Address: \_\_\_\_\_

Requestor: \_\_\_\_\_  Owner  Tenant

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Item / IPMC Sec.	Observed Condition / Violation	Description
<b>Exterior</b>		
The exterior of a structure shall be maintained in good repair, structurally sound and sanitary so as not to pose a threat to the public health, safety or welfare.		
<input type="checkbox"/> Exterior Stairway (Treads) 304.10	<input type="checkbox"/> Damaged <input type="checkbox"/> Riser height violation <input type="checkbox"/> dimension violation <input type="checkbox"/> Structurally unstable <input type="checkbox"/> Does not meet code <input type="checkbox"/> Not maintained	_____
<input type="checkbox"/> Balcony, deck porch 304.12 306.1.12	<input type="checkbox"/> Damaged <input type="checkbox"/> Structurally unstable <input type="checkbox"/> Does not meet code <input type="checkbox"/> Walking surface not maintained	_____
<input type="checkbox"/> Handrails 304.12 305.5 307	<input type="checkbox"/> Handrail violation <input type="checkbox"/> Guardrail violation <input type="checkbox"/> Missing <input type="checkbox"/> Not installed/maintained to code	_____
<input type="checkbox"/> Exterior Walls 304.2 304.6	<input type="checkbox"/> Damaged <input type="checkbox"/> Inadequately protected <input type="checkbox"/> Not maintained to code	_____
<input type="checkbox"/> Roof 304.4 304.7	<input type="checkbox"/> Damaged <input type="checkbox"/> Soffit/facia deterioration <input type="checkbox"/> Leaking/evidence of leaking <input type="checkbox"/> Not installed/ maintained to code	_____
<input type="checkbox"/> Light Fixture 402.2 605 605.4	<input type="checkbox"/> Not maintained <input type="checkbox"/> Exposed wiring <input type="checkbox"/> Missing <input type="checkbox"/> Not installed/ maintained to code	_____
<b>Exit / Egress Door(s)</b>		
All exterior doors, door assemblies, operator systems if provided, and hardware shall be maintained in good condition. Locks at all entrances to dwelling units and sleeping units shall tightly secure the door		
<input type="checkbox"/> Door(s) 604.15 304.18 702	<input type="checkbox"/> Prohibited lock <input type="checkbox"/> Damaged <input type="checkbox"/> Threshold maintenance <input type="checkbox"/> Inoperable / faulty hardware/lock <input type="checkbox"/> Deadbolt lock not provided <input type="checkbox"/> Inadequate weather stripping <input type="checkbox"/> Obstructed <input type="checkbox"/> Not installed/ maintained to code	_____

**Windows**

Every window, skylight, door and frame shall be kept in sound condition, good repair and weather tight.

<input type="checkbox"/> Windows 304.2 304.13 304.14 305.4	<input type="checkbox"/> Prohibited lock <input type="checkbox"/> Cracked/Broken <input type="checkbox"/> Broken <input type="checkbox"/> Not approved <input type="checkbox"/> Inoperable / faulty hardware/lock <input type="checkbox"/> Not weather tight <input type="checkbox"/> Does not remain open <input type="checkbox"/> Obstructed <input type="checkbox"/> Missing window screens <input type="checkbox"/> Not installed/ maintained to code	
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**Interior**

If more than one sleeping room, bathroom, living/family room inspected, identify the room with the violation.

<input type="checkbox"/> Walls <input type="checkbox"/> Floor <input type="checkbox"/> Ceiling <input type="checkbox"/> Interior doors 305	<input type="checkbox"/> Loose surface material <input type="checkbox"/> Damaged/not maintained <input type="checkbox"/> Holes in wall / floor / ceiling <input type="checkbox"/> Trip hazards	
	<b>Locations</b>	
	<input type="checkbox"/> Living/Dining Area <input type="checkbox"/> Kitchen <input type="checkbox"/> Bath(s) <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> Sleeping Room(s) <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup>	
<input type="checkbox"/> Sink(s) / Lavatory 504 502	<input type="checkbox"/> Leaking <input type="checkbox"/> Kitchen <input type="checkbox"/> Bath <input type="checkbox"/> Clogged <input type="checkbox"/> Kitchen <input type="checkbox"/> Bath <input type="checkbox"/> Not secure <input type="checkbox"/> Trap leaking <input type="checkbox"/> Faucet handle(s) broken/faulty/missing <input type="checkbox"/> Faulty shut-off valves <input type="checkbox"/> Not installed/maintained to code <input type="checkbox"/> Kitchen <div style="text-align: right;"><input type="checkbox"/> Bath</div>	
<input type="checkbox"/> Tub/Shower(s) 502	<input type="checkbox"/> Leaking <input type="checkbox"/> Clogged <input type="checkbox"/> Not secure <input type="checkbox"/> Trap leaking <input type="checkbox"/> Faucet handle(s) broken/faulty/missing <input type="checkbox"/> Faulty shut-off valves <input type="checkbox"/> Inadequately caulked/sealed <input type="checkbox"/> Valve(s) improperly maintained <input type="checkbox"/> Not installed/maintained to code	
<input type="checkbox"/> Water Closet(s) 502	<input type="checkbox"/> Leaking <input type="checkbox"/> Clogged <input type="checkbox"/> Broken <input type="checkbox"/> Not secure <input type="checkbox"/> Trap leaking <input type="checkbox"/> Handle(s) broken/faulty/missing <input type="checkbox"/> Flush device faulty <input type="checkbox"/> Faulty shut-off valves <input type="checkbox"/> Not installed/maintained to code	
<input type="checkbox"/> Electrical & Appliances 603 605	<input type="checkbox"/> Cover plates missing/broken <input type="checkbox"/> GFCI <input type="checkbox"/> Exposed wiring <input type="checkbox"/> Light Fixture(s) <input type="checkbox"/> Inoperable <input type="checkbox"/> Faulty outlets/switches <input type="checkbox"/> Hazardous <input type="checkbox"/> Leaking <input type="checkbox"/> Not installed/ maintained to code	
	<b>Locations</b>	
	<input type="checkbox"/> Living/Dining Area <input type="checkbox"/> Kitchen <input type="checkbox"/> Bath(s) <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> Sleeping Room(s) <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup>	
<input type="checkbox"/> Required Ventilation 403	<input type="checkbox"/> Not provided <input type="checkbox"/> Not vented to exterior <input type="checkbox"/> Not installed / maintained to code	

<b>Systems</b>		
The owner of the structure shall provide and maintain mechanical and electrical facilities and equipment		
<input type="checkbox"/> Mechanical 602 603	<input type="checkbox"/> Loose/missing register <input type="checkbox"/> Inoperable <input type="checkbox"/> Lack of heat source <input type="checkbox"/> No Portable space heater <input type="checkbox"/> Other: (vent /location) <input type="checkbox"/> Not installed/ maintained to code	
<input type="checkbox"/> Electrical 604 605	<input type="checkbox"/> Loose stack <input type="checkbox"/> Missing ground <input type="checkbox"/> Evidence of handyman wiring <input type="checkbox"/> Not installed/ maintained to code	
Electrical: City Utility Dept. Requirements	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> Plumbing 505.3 505.4 506	<input type="checkbox"/> Lack of water to building <input type="checkbox"/> Lack of hot water (____°F) <input type="checkbox"/> Not installed/maintained to code <input type="checkbox"/> Raw sewage on ground <input type="checkbox"/> Exposed sewage line / plumbing <input type="checkbox"/> Sewer drain line damaged	
<input type="checkbox"/> Fire Protection 701	<input type="checkbox"/> Missing <input type="checkbox"/> Not functioning <input type="checkbox"/> Not installed/maintained per code	
<input type="checkbox"/> Structural Ext. 304.4 306.1.1 Int. 305.2	<input type="checkbox"/> Roof <input type="checkbox"/> Walls <input type="checkbox"/> Floors <input type="checkbox"/> Foundation <input type="checkbox"/> Not installed/maintained per code	
<input type="checkbox"/> Light / Ventilation 402 403	<input type="checkbox"/> Not provided <input type="checkbox"/> Inadequate <input type="checkbox"/> Dryer exhaust <input type="checkbox"/> Not installed/maintained per code	
<input type="checkbox"/> Interior Stairway 305 <input type="checkbox"/> Handrail/Guardrail 307	<input type="checkbox"/> Damaged <input type="checkbox"/> Riser height violation <input type="checkbox"/> dimension violation <input type="checkbox"/> Structurally unstable <input type="checkbox"/> Does not meet code <input type="checkbox"/> Not maintained	
<b>Water Heater</b>		
Water heating facilities shall be properly installed, maintained and capable of providing an adequate amount of water to be drawn at every required sink, lavatory, bathtub, shower and laundry facility at a minimum temperature of 110°F (43°C).		
<input type="checkbox"/> Temperature and Pressure (T&P) relief valves 505 <input type="checkbox"/> T&P Line	<input type="checkbox"/> Improperly installed <input type="checkbox"/> Improperly terminated <input type="checkbox"/> Unapproved material <input type="checkbox"/> Missing <input type="checkbox"/> Not installed/ maintained to code	
<input type="checkbox"/> Vent 603.3	<input type="checkbox"/> Cap missing <input type="checkbox"/> Improperly terminated <input type="checkbox"/> Improper distance to combustion <input type="checkbox"/> Not installed/ maintained to code	
<input type="checkbox"/> Combustion Air 505 603	<input type="checkbox"/> Not provided <input type="checkbox"/> Inadequate <input type="checkbox"/> Improper location <input type="checkbox"/> Not installed/ maintained to code	
<input type="checkbox"/> Unit 505	<input type="checkbox"/> Improper location <input type="checkbox"/> Improperly installed <input type="checkbox"/> Not installed/ maintained to code	

**Infestation**

All structures shall be kept free from insect and rodent infestation. All structures in which insects or rodents are found shall be promptly exterminated by approved processes that will not be injurious to human health. After pest elimination, proper precautions shall be taken to prevent re-infestation.

<input type="checkbox"/> Pest Elimination 309 <input type="checkbox"/> Rodent Harborage 302.5 <input type="checkbox"/> Infestation 108.1.3	Infestation of: <input type="checkbox"/> Rodents <input type="checkbox"/> Roaches <input type="checkbox"/> Bed bugs <input type="checkbox"/> Bees <input type="checkbox"/> Fleas <input type="checkbox"/> Other	
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**Premises**

All exterior property and premises shall be maintained in a clean, safe and sanitary condition. The occupant shall keep that part of the exterior property which such occupant occupies or controls in a clean and sanitary condition.

<input type="checkbox"/> Sanitation <input type="checkbox"/> Grading/Drainage <input type="checkbox"/> Sidewalk/Driveway <input type="checkbox"/> Weeds <input type="checkbox"/> Accessory Structures <input type="checkbox"/> Motor Vehicles <input type="checkbox"/> Defacement <input type="checkbox"/> Swimming Pool <b>Item / IRC Sec. 319</b> <input type="checkbox"/> Site Address	<input type="checkbox"/> Improper drainage <input type="checkbox"/> Trip hazard(s) <input type="checkbox"/> Overgrown lot <input type="checkbox"/> Unsound accessory structure(s) <input type="checkbox"/> Unsound fence (leaning/dilapidated/collapsed) <input type="checkbox"/> Retaining wall not maintained <input type="checkbox"/> Junk Vehicle(s) Swimming Pool: <input type="checkbox"/> Gate(s) <input type="checkbox"/> Barrier <input type="checkbox"/> Missing <input type="checkbox"/> Incorrect height <input type="checkbox"/> Not clearly identifiable <input type="checkbox"/> Not contrasting color	
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**Notes:**

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**Inspection Result:**    Pass    Fail

**Requires Re-Inspection:**    Yes    No

**Requires Licensed Specialist and a permit before re-inspection:**    Yes    No

**Inspector Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_